



TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

Complete if Known

Application No.	10/692,601
Filing Date	October 24, 2003
First Named Inventor	Pavel I. LAZAREV
Examiner Name	Wu, Shean Chiu
Group Art Unit	1756

Total Number of Pages in This Submission **13**

Attorney Docket No. **A-72221 (477077-128)**

ENCLOSURES (check all that apply)

<input checked="" type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Assignment Papers (for an Application)	<input type="checkbox"/> After Allowance Communication to Group
<input checked="" type="checkbox"/> Fee Attached	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input checked="" type="checkbox"/> Amendment / Reply	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Extension of Time Request	<input checked="" type="checkbox"/> Change of Correspondence Address	<input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> Request for Refund	Terminal Disclaimer
<input type="checkbox"/> Form SB/8A and (4) references	<input type="checkbox"/> CD, No. of CD(s) _____	
<input type="checkbox"/> Certified Copy of Priority Document(s)		
<input type="checkbox"/> Response to Missing Parts/ Incomplete Application	Remarks	
<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual Name	Tianjun Hou, Reg. No. 51,821 DORSEY & WHITNEY LLP 555 California Street, Suite 1000 San Francisco, CA 94104-1513 (415) 781-1989	Customer Number 32940
Signature		
Date	April 12, 2006	

CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service with Sufficient postage as first class mail in an envelope addressed to Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on this date:

4/12/06

Typed or printed name	Vikki Athen	
Signature		Date April 12, 2006



AMENDMENT FEE CALCULATION (FY 2005)

Complete if Known	
Application No.	10/692,601
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Examiner Name	Wu, Shean Chiu
Atty. Docket Number	A-72221 (477077-128)

Claims as Amended in Response to Office Action dated: **January 12, 2006**

METHOD OF PAYMENT (Check One)					AMENDMENT FEE CALCULATION (Continued)			
1. <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge indicated fees and credit any over payments to: Deposit Account No.: <u>50-2319</u> Deposit Account Name: <u>DORSEY & WHITNEY LLP</u> <input checked="" type="checkbox"/> Charge any additional fee required under 37 C.F.R. 1.16 and 1.17 <input checked="" type="checkbox"/> Applicant claims small entity status (see 37 C.F.R. 1.27)					3. ADDITIONAL FEES			
2. <input checked="" type="checkbox"/> Check Enclosed					Large Entity Fee	Small Entity Fee	Fee Description	Fee Paid
					120	60	Extension for reply within first month	
					450	225	Extension for reply within second month	
					1,020	510	Extension for reply within third month	
					1,590	795	Extension for reply within fourth month	
					2,160	1,080	Extension for reply within fifth month	
					500	250	Notice of Appeal	
					500	250	Filing a brief in support of an appeal	
					1,000	500	Request for oral hearing	
					130	65	Terminal Disclaimer Fee	65
					500	250	Petition to revive – unavoidable	
					1,500	750	Petition to revive – unintentional	
					790	395	Utility/Reissue issue fee (inc. 10 advance copies)	
					130	130	Petitions to the Commissioner	
					180	180	Submission of IDS	
					790	395	Request for Continued Examination (RCE)	
					Other fee (specify):			
					Subtotal (2)			\$
					Total Amount of Payment:			\$65

AMENDMENT FEE CALCULATION				
1. EXTRA* CLAIM FEES				
Claims Remaining after Amendment	Highest Number Previously Paid for	Present Extra	Fee from Below*	Additional Fee
Total		= 0	x	=
Indep.		= 0	x	=
First Presentation of Multiple Dependent Claim			x	=
				Subtotal (1)
*Calculation of Extra Claim Fees				
Large Entity Fee	Small Entity Fee	Fee Description		
50	25	Claims in excess of 20		
200	100	Independent claims in excess of 3		
360	180	Multiple dependent Claim		
200	100	Reissue independent claims over original patent		
50	25	Reissue claims in excess of 20 and over original patent		

Submitted by:

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Signature:		Date: April 12, 2006